Hamlin Fistula Ethiopia (1974- ) [1]

By: Ciardullo, Patsy  Keywords: Obstetric Fistulas [2]

Hamlin Fistula Ethiopia is a nonprofit organization [3] that began in 1974 as a joint endeavor by Reginald and Catherine Hamlin and the Addis Ababa Fistula Hospital in Addis Ababa, Ethiopia. Hamlin Fistula Ethiopia promotes reproductive health in Ethiopia by raising awareness and implementing treatment and preventive services for women affected by obstetric fistulas. It also aims to restore the lives of women afflicted with obstetric fistulas in Ethiopia and eventually to eradicate the condition. Obstetric fistulas occur in pregnant women during labor when pressure placed on the pelvis by the fetus [4] causes a hole, or fistula, to form between the pregnant woman's vagina [5] and bladder (vesicovaginal fistula) or between the vagina [5] and the rectum (rectovaginal fistula). Hamlin Fistula Ethiopia is governed by a board of trustees which includes founding member Catherine Hamlin. By 2014, Hamlin Fistula Ethiopia supported the Addis Ababa Fistula Hospital, five treatment centers across Ethiopia, a midwife school, and a long-term rehabilitation center for women impacted by obstetric fistula.

Women develop obstetric fistulas when they are in labor for an extended period of time, typically between three and five days, without medical care. Vesicovaginal fistulas enable urine to leak into the vagina [5], and rectovaginal fistulas cause feces to leak from the rectum to the vagina [5]. Each year, thousands of women developed obstetric fistulas in Ethiopia, and in the first decades of the twenty-first century, about 100,000 women lived with the condition untreated. Most obstetric fistulas occurred in developing countries where they were compounded by lack of access to adequate medical care during and after pregnancy [6].

Many factors contributed to the rate of obstetric fistulas in Ethiopia. Ten percent of pregnant women in rural Ethiopia are attended by a skilled midwife or doctor during labor. Women who reside in rural locations are generally far away from hospitals or clinics and have little or no access to obstetric services. Social and cultural traditions that may contribute to the condition include early marriage and preferences for home births. Another risk factor includes poor maternal health, due to small physical statures of mothers do to youth and inadequate nutrition. In a 2013 report, the US Agency for International Development and Australian Agency for International Development predicted that Ethiopian women would continue to get obstetric fistulas for another ten to fifteen years before the condition is eradicated.

Catherine and Reginald Hamlin moved from Australia to Ethiopia in 1959 to address health issues in the area. In the years that followed their arrival in Ethiopia, they noted an overwhelming amount of obstetric fistula cases in women from rural areas. The Hamlins opted to extend their volunteer time in Ethiopia to assist women with obstetric fistulas by operating on the women's injuries.

In the 1970s, the Ethiopian Ministry of Health informed Reginald and Catherine Hamlin that they could use the facilities at Princess Tsehai Memorial Hospital in Addis Ababa, Ethiopia, to treat obstetric fistulas. But the Ministry of Health would not pay for the hospital fees. Due to the lack of funding from the Ethiopian government, the Hamlins paid the fees from their
salaries and raised additional funds to offer the operations to treat fistulas free of charge to patients. The Hamlins called the women who needed treatment fistula pilgrims because the women traveled from remote locations to reach the hospital in Addis Ababa, Ethiopia. The Hamlins did not deny woman seeking treatment and they worked to create by 1974 their own funding organization, Hamlin Fistula Ethiopia, and to open their own facility, the Addis Ababa Fistula Hospital, which began as as an extension of the Princess Tsehai Memorial Hospital.

Funding for Hamlin Fistula Ethiopia expanded after the 1970s. When the Hamlins founded the Addis Ababa Fistula Hospital, most of their funding came from the government of Australia and from private grants obtained from donors in Australia. Some of their initial supporters included the Rotary Club in Addis Ababa, Ethiopia, which agreed to fund one bed a month, and The American Women's Club, which pledged sixty dollars a month. As operations expanded, however, the funding structure included various trusts from around the world. Those partners raised funds exclusively for the operative costs of the Hamlin Fistula Ethiopia hospital, centers, and the college. In 2005, the Hamlin Fistula International Foundation in Switzerland was created to provide long-term support for the Addis Ababa Fistula Hospital.

Into the twenty-first century, twenty-five international donors provided funds for the Hamlin Fistula Ethiopia. There are also affiliated and unaffiliated organizations that fundraise on behalf of the Hamlin Fistula Ethiopia. Private sector companies, such as Johnson and Johnson, have donated funds. The women work at the Juniper Cafe owned by Hamlin Fistula Ethiopia, which also generates money.

Hamlin Fistula Ethiopia grew after its inception. Desta Mender, translated as Village of Joy, was inaugurated in 2003 as a rehabilitation center for incurable patients. It provided rehabilitation, training, and long-term support for post-operative women with incontinence. Women living at the Desta Mender center also involved themselves in farming, catering, poultry production, dairy products and grinding mill sales.

Also in 2003, Hamlin Fistula Ethiopia began a seven year expansion program to build five regional Hamlin Fistula Centers. The expansion increased women's access to adequate obstetric care across Ethiopia. In addition to the Addis Ababa Fistula Hospital, the five regional centers became the Bahir Dar Hamlin Fistula Centre in Amhara Region in 2005, the Mekelle Hamlin Fistula Centre in Tigray Region in 2006, the Yirgalem Hamlin Fistula Centre in 2007, the Harar Hamlin Fistula Centre in Harari Region alson in 2007, and the Metu Hamlin Fistula Centre in Oromia Region (East) in 2010. Other facilities included The Hamlin College of Midwives in Burayu Woreda and the Oromia Desta Mender Rehabilitation & Reintegration in Burayuand.

Much of the money for the expansion came from international donors. While Hamlin Fistula Ethiopia's facilities function in Ethiopia, some of its money comes from cooperating organizations in other nations. The cooperating partners included Hamlin Fistula Ethiopia Limited Australia, Hamlin Fistula United Kingdom, Hamlin Fistula Sweden, Hamlin Fistula Netherlands, Hamlin Fistula Ethiopia (Australia), Hamlin Fistula Germany, Hamlin Fistula United States of America, Hamlin Charitable Fistula Hospitals Trust, New Zealand Fistula Japan, and the Hamlin Fistula International Foundation. Each of these organizations operates its own trust that raises funds in each of these countries to cover the operation costs of Hamlin Fistula Ethiopia's facilities.
Greater than half of Hamlin Fistula Ethiopia's total income came from its eight affiliated Hamlin Partner Non-governmental Organizations (NGOs) from around the world. The relationship between the Hamlin Partner NGOs and Hamlin Fistula Ethiopia is managed partly through formal Partners' Meetings. These meetings attempt to track progress, coordinate donations and allocate funding pledges.

Another expansion of Hamlin Fistula Ethiopia included the Hamlin College of Midwives, which trained and certified midwives. Graduates from the program worked at government health centers close to any one of the five regional facilities. In 2011, the first eleven midwives graduated from the program and became midwives in Ethiopia's countryside. They helped to alleviate the need for women to travel to the Addis Ababa Fistula Hospital. Many women cannot travel to the city due to inefficient roads, or due to insufficient funds for bus fare.

In May of 2012, Hamlin Fistula Australia separated from Hamlin Fistula Ethiopia's vision and values when board members of Hamlin Fistula Australia renounced the aid of non-Christian organizations donating funds to Hamlin Fistula Ethiopia. Hamlin Fistula Australia's statements alienated non-Christian groups from providing funds. Many leaders left the organization. Hamlin Fistula Australian's actions led Hamlin Fistula Ethiopia to sever ties with its Australian affiliate. The organization created a new fundraising branch in Australia called Hamlin Fistula Ethiopia Limited (Australia). Catherine Hamlin also called for the resignation of the Hamlin Fistula Australia chairman and two board members.

The creation of Hamlin Fistula Ethiopia Limited (Australia), sparked dispute over the funds of Hamlin Fistula Australia. Hamlin Fistula Australia refused to release fourteen million dollars that had been collected on behalf of Hamlin Fistula Ethiopia. By August of 2012, Catherine Hamlin wrote a letter to Margaret McKinnon, the First Assistant Director General of the Australia Agency for International Development (AusAID), in which Hamlin stated that Hamlin Fistula Ethiopia would not seek to access the funds approved through AusAID because they would first have to go through Hamlin Fistula Australia. In the letter, Hamlin also listed changes taking place within Hamlin Fistula Ethiopia to improve the organization's image after the separation from Hamlin Fistula Australia. According to Hamlin, these structural changes included appointing a long-term chief executive officer in Ethiopia as well as others within Hamlin College for Midwives. The Hamlin Fistula Ethiopia board of trustees acknowledged the need for the development and implementation of a legal structure, which would govern the relationship between Hamlin Fistula Ethiopia and its international partners.

By 2014, disputes over funds and affiliation with Hamlin Fistula Ethiopia were resolved. The Australian affiliate's 2014 newsletter reported that an agreement had been reached between Hamlin Fistula Ethiopia, Hamlin Fistula Ethiopia Limited (Australia), and Hamlin Fistula Australia. According to the newsletter, all parties entered into a memorandum of understanding and signed a document in which they outlined how they plan to work together. Hamlin Fistula Ethiopia Limited (Australia) planned to remain Hamlin Fistula Ethiopia's official representative, active fundraiser, and communications arm in Australia. On the other hand, Hamlin Fistula Australia planned to remain a major donor. It also planned to manage and administer existing funds, which were originally part of the dispute with Hamlin Fistula Ethiopia, and it planned to fundraise through its existing network. While no longer the official, and exclusive, affiliated with Hamlin Fistula Ethiopia, Hamlin Fistula Australia was still permitted to receive donations to support the work of Hamlin Fistula Ethiopia.
The Hamlins are credited by many for developing the model treatment for obstetric fistula in the developing world. Andrew Browning, at the Bahir Dar Hamlin Fistula Centre in Ethiopia, attributed the Hamlins' work at the Addis Ababa Fistula Hospital as the main reason that the World Health Organization and the United Nations Population Fund have begun to pay attention to issues in women's reproductive health in developing countries. These organizations have also addressed the problem of fistulas with their own initiatives aimed at reducing obstetric fistulas.

Hamlin Fistula Ethiopia also addressed prevention and rehabilitation issues. Catherine Hamlin said in her biography that to eradicate the occurrence of obstetric fistulas in women, doctors should treat and repair fistulas, but that midwives and other professionals should help prevent new cases through proper training of midwives and education of women. While the work of the Addis Ababa Fistula Hospital treated ninety-three percent of its cases successfully, the number of fistula patients seeking medical attention hadn't decreased by the early decades of the twenty-first century.
Sources


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